



MILWAUKEE COUNTY SENIOR DINING PROGRAM 2015 REGISTRATION FORM

☐ **New Diner**

Today's Date (mo/day/year) _____ / _____ / **2015**

Name (First, MI, Last):		Meal Site Location:	
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City/State/Zip:		Telephone Number: (414) _____ - _____	
Date of Birth: (mo/day/year)		<u>If under 60, which of the following will make you eligible to receive a meal:</u> <input type="checkbox"/> Married Spouse of Eligible Diner <input type="checkbox"/> Volunteer for meal program <input type="checkbox"/> Disabled, live in same home as eligible diner <input type="checkbox"/> Disabled, live in same meal site location building	
<u>Living Arrangement:</u> Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Marital Status:</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	<u>Race:</u> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	
INCOME LEVEL: If you are a <u>one person household</u> , is your income <u>below \$972.00 month</u> (\$11,670 annually)? <input type="checkbox"/> Yes <input type="checkbox"/> No If there are <u>two people in your household</u> , is your income <u>below \$1311.00 month</u> (\$15,730 annually)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NUTRITION RISK SCREENING QUESTIONS

Please place an X in the box next to number when answering either yes or no for each question	Yes	No
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
2. I eat fewer than 2 meals a day.	3	0
3. I eat few fruits or vegetables or milk products.	2	0
4. I have three or more drinks of beer, liquor or wine almost every day.	2	0
5. I have tooth or mouth problems that make it hard for me to eat.	2	0
6. I don't always have enough money to buy the food that I need.	4	0
7. I eat alone most of the time.	1	0
8. I take 3 or more different prescribed or over the counter drugs daily.	1	0
9. Without wanting to, I have lost or gained 10 pounds in the last six months.	2	0
10. I am not always able to physically shop, cook and/or feed myself.	2	0

Risk Level: _____ 0-2 Low _____ 3-5 Moderate _____ 6+ High Total _____

Emergency Contact: _____ Relationship: _____

Home Phone: () _____ - _____ Work Phone: _____

Privacy Statement

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."